

REGISTRATION APPLICATION FOR NON-UTILITY SERVICE PROVIDERS

PLEASE PRINT OR TYPE

1. Exact Legal Name of Registrant:

Doing Business As (DBA):

2. Current Address:

_____ **Street Address**

_____ **City** **State** **Zip Code**

3. Current Telephone Number: _____

4. Type of Ownership:

_____ **Individual** _____ **Partnership** _____ **Corporation**

_____ **Limited Liability Company**

5. a. If registrant is a corporation, the state in which the registrant is incorporated:

_____ **(State of Incorporation)**

b. List names and titles of corporate officers. (Attach additional page if necessary):

6. a. If a sole proprietorship or partnership, the county in which the fictitious business name statement has been filed, if applicable.

Complete and mail this application
along with \$100.00 certified check
(write 0462-800 on front of check) to:
State of California
Public Utilities Commission
Energy Division - ESP
Registration
505 Van Ness Avenue
San Francisco, CA 94102-3298

**INCOMPLETE
APPLICATIONS
CANNOT BE
PROCESSED**

FOR CPUC USE ONLY

Application Processed

By: _____

Date: _____

b. If a partnership list all general partners. (Attach additional page if necessary.)

7. If a limited liability company list all managers and/or officers and their titles. (Attach additional page if necessary.)

8. The address and telephone number of the registrant's principal place of business if *DIFFERENT* from current address telephone number listed in line numbers 2 and 3:

<hr/>		
Street Address		
<hr/>	<hr/>	<hr/>
City	State	Zip Code
<hr/>		
Telephone Number		

9. The name, title, address and telephone number of the person to whom correspondence or communication regarding customer complaints are to be addressed:

<hr/>		<hr/>
Name		Title
<hr/>		
Street Address		
<hr/>	<hr/>	<hr/>
City	State	Zip Code
<hr/>		
<hr/>	<hr/>	<hr/>
Telephone Number	FAX Number (If Available)	E-Mail Address (If Available)

10. Are you a certified renewable resource provider pursuant to Public Utilities Code Sec. 383?

☐ **Yes** ☐ **Certification Number** ☐ **No**

**11. Name and Address of Agent for Service of Process:
(Must Be Located In California)**

Name: _____

Street Address: _____

City and State: _____ **Zip Code:** _____

No Yes If yes, please explain on additional page.

I, (print name and title) _____ declare
under the penalty of perjury that the above statements are true and correct.

Signature:_____

